

APR 8 2011

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

EXECUTIVE EMPLOYEES 2010 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

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Covering the calendar year January 1, 2010 through December 31, 2010.

Please file this statement with the <u>Maine Ethics Commission no later than 5:00 p.m. on April 15, 2011</u>. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations. *Please keep a copy of this form for your records*.

NAME AND	CONTACT INFORMATION			
Name	Title	AND		
JAME GALLIUAN	DIRE	ECTOR OFFICE OF ADJUSTS WITH COSIUM		
Department/Agency/Bureau/Division		Phone OHYSIGHC DISAR		
0445	207	207-2874212		
Mailing Address, City, ZIP	e per surrente per mas quantimente promunem municipamente acusarione acusarione acusarione acusioned. A bisso municipamente acusarione acusario			
SHS #1/ Znd FLOOR MARQUARTT	AUGUSTA, ME 04	333		
	/ED FROM EMPLOYMENT BY			
List the name and address of each employer from whom economic activity of each employer.	you received compensation of \$1,	000 or more. Specify the principal type of		
None				
Name of Employer	Address	Principal Type of Economic Activity of Employer		
	konnis kiring da mangangan da palamina melikah sebuah kempungan menjada sebuah kempungan sebuah sebuah sebuah			
3384-144-144				
PART 2. INCOME DERIVED FF	ROM SELF-EMPLOYMENT OR	LAW PRACTICE		
A. List the name and address of your business or law firm, derived income. If associated with a partnership, firm, profe activity or practice of that entity.				
None				
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activ	Major Areas of Economic Activity/ /tty/ Practice (partnership, association, firm or similar business entity)		
Name:	n voice, voice anno voice va evine voice voice voice anno contractor anno anno anno anno anno anno anno an			
Address:				
Name:				
Address:		Control of the Contro		

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOY	
B. List each source of income derived from self-employment or pra whichever is greater, and specify the principal type of economic activ form of disclosure is prohibited by law, rule, or an established cod activity of the entity or person from whom the income was derived.	ity of the entity or person from wh	om you derived such income. If this
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		
Address:		
Name:		
Address:		
	DURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 box.	of this form. Do not include gifts	or honoraria. If none, check the
None		
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:		
Address:	•	
Name:	ki ki kiki ki	
Address:		
Name:		processors recommended and account and account and account acc
Address:		
	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or nareas of economic activity of each creditor. Do not list credit card made as campaign contributions, or business loans from regulated fir	iabilities, or educational loans, lo	ans from a relative, loans that were
None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:	: :	
Name:		
Address:		
PART 5 REPO	RIABLE CIFTS	Yes
List the specific source of gifts received during the reporting period wi		in \$300. If none, check the box.
None		
Name of Source of Gift	Name of	Source of Gift
1.	3.	
2.	4.	vormans (van raksamen vormannen en

PART 6. RE	PORTABLE HONORARIA			
List the source of any honoraria accepted for appearances or	speeches related to your official capacity	or duties. If none, check the box.		
None				
Name of Source of Honoraria	Name of So	urce of Honoraria		
: Name of Source of Honorana	and the second s			
1.	3.			
2.	4.			
	ATION BEFORE STATE AGENCIES	THE REPORT OF THE PROPERTY OF		
List each executive branch agency before which you or compensation of any amount other than your official salary. none, check the box.	a member of your immediate family Indicate whether you or a family member	represented or assisted others for per appeared before the agency. If		
None				
	Name	of Agency		
1.	3.			
2.	4.			
PART 8. BUSIN	ESS WITH STATE AGENCIES			
List each executive branch agency to which you or a memb	er of your immediate family sold goods of	or services with a value in excess of		
\$1,000 during the reporting period. Indicate whether you or a	family member sold the goods or service	s. If none, check the box.		
None				
Name of Agency	Name	of Agency.		
1.	3.	3.		
		4.		
2.	4.			
PART 9. INCOME RECEIVE	D BY MEMBERS OF IMMEDIATE F	AMILY		
List the type of economic activity representing each source of		at a land and a second a second and a second a second and		
dependent child(ren) during the reporting period and the kind	of income represented. If your spouse	or domestic partner received \$1,000		
or more of income, list his or her name and job title. List onl Do not include gifts.	y the job title of dependent children who	received income of \$1,000 or more.		
DO NOT INCINUE YIIIS.	Type of Economic Activity			
Name of Spouse or Domestic Partner and Job Title	Representing Source of Income	Kind of Income		
	Received			
	4	4		
Name:	1.	1.		
Job Title:	2.	2.		
	3.	3.		
Dependent Child(ren) – Job Titles Only				
And the second s				
Job Title:				
Job Title:				
Job Title:		· 9 (***)		

List any for-profit or nonprofit comparation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member. None Organization/Business and Address Title Position Held Family Member's Compensated? NATIONAL ASSOCIATION OF STATE BOALD INSURED INSURE	PART 10. OFF	ICER OR DIRECTOR F	POSITIONS		
Organization/Business and Address NATIONAL ASSOCIATION OF STATE DIPECTORS OF DEVELOPMENTAL DISHRBUTTY SERVICES I affirm that the contents of this report are true, complete and accurate to the best of my knowledge. Unsworn falsification is a Class D crime. ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Use additional pages, if necessary.	held any office, trusteeship, directorship, or position of any i	nature. Indicate whether y	you or a family held	the position and wh	liate family ether the posi-
ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Use additional pages, if necessary.	None .				
SIGNATURE I affirm that the contents of this report are true, complete and accurate to the best of my knowledge. Unsworm falsification is a Class D crime. ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Use additional pages, if necessary.	and Address		Ву.		
I affirm that the contents of this report are true, complete and accurate to the best of my knowledge. 4/7/// Signature Unsworn falsification is a Class D crime. ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Use additional pages, if necessary. Part/Section Number	DIRECTORS OF DEUSLOPINGATIVE	BOARD MEMBER AT LARGE 3/1/11 SEC-TREAS.	JANE GALLIVAN		NO
I affirm that the contents of this report are true, complete and accurate to the best of my knowledge. ### ADJITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Use additional pages, if necessary. Part/Section Number					
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Signature Unsworn falsification is a Class D crime. ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Use additional pages, if necessary.		SIGNATURE	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
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Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Use additional pages, if necessary. Part/Section Number	Signature		:	7 / // Date	
the information you are providing. Use additional pages, if necessary. Part/Section Number	ADDI	TIONAL INFORMATIO	N C		
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